



CITY OF KINGMAN – PHYSICAL/WORK CAPACITY

Date Created/Revised

November 2015

CLASSIFICATION: Customer Service Representative

Frequency Code Scale

N = Never	R = Rarely	O = Occasionally	F = Frequently	C = Constantly
Never Occurs	Less than 1 hour/week	Up to 1/3 of the time	From 1/3 to 2/3 of the time	2/3 or more of the time

Physical Demand	Frequency Code	Description Examples:		Physical Demand	Frequency Code	Description Examples:
Standing	F	Observing work area Observing/Conducting work duties Communicating with co-workers/customers		Pushing / Pulling	F	File Drawers Equipment Tables and Chairs
Fine Dexterity	C	Computer Keyboard Telephone Keypad 10-Key Calibrating Equipment Credit Card Machine		Climbing	O	Stairs Ladders Step Stools Onto Equipment On/Out of Terrain On/Out of Hole/Ditches/Work Site
Walking	F	To other departments/offices Around work area		Vision	C	Reading Computer Screen Driving Observing Work Area
Lifting	O	Supplies Equipment Files		Foot Controls	O	Driving Operating Dictaphone
Carrying	O	Supplies Equipment Files		Balancing	R	On Ladders On Equipment On Step Stools
Sitting	C	Desk Work Meetings Driving		Bending	F	Filing in Lower Drawers/Shelves Retrieving Items From Lower Shelves/Ground Making Repairs
Reaching	F	For Supplies For Files Cash Drawer Telephone		Crouching	O	Filing in Lower Drawers/Shelves Retrieving Items From Lower Shelves/Ground Making Repairs
Handling	C	Paperwork Monies		Hearing	F	Communicating Via Telephone/ Radio, to co-workers/public Listening to Equipment
Kneeling	R	Filing in Lower Drawers/Shelves Retrieving Items From Lower Shelves/Ground Making Repairs		Twisting	F	From Computer to Telephone Getting Inside/Outside of Vehicle
Crawling	R	Under Equipment		Talking	C	Communicating via telephone to co-workers/public Communicating in person to co-workers/public
Other (describe):				Other: (describe):		

Machines, Tools, Equipment and Work Aids:

Various office equipment, including but not limited to: telephone, credit card reader, fax machine, various copy machines, scanners, shredder, calculator, laminator, stapler, hole punch; vehicles.

Computer Equipment and Software:

Various computer equipment and software, including but not limited to: Personal Computer, printers, various Microsoft Office Products, AS400, H.T.E. utility billing, departmental software, reporting software, email, Internet, Intranet.

Environmental Factors:					
Environmental Conditions	Never	Seasonally	Several Times Per Month	Several Times Per Week	Daily
<u>Extreme Temperature</u> (heat, cold, extreme temp, changes from outside work)		X			
<u>Wetness and/or Humidity</u> (bodily discomfort from moisture)	X				
<u>Respiratory Hazards</u> (fumes, gases, chemicals, dust and dirt)	X				
<u>Noise and vibration</u> (sufficient to cause hearing loss)	X				
<u>Physical Hazards</u> (high voltage, dangerous machinery, aggressive suspects, arrestees, patients – <u>not</u> customers)	X				
Health and Safety Conditions:					
Health and Safety Conditions	N = Never	R = Rarely	O = Occasionally	F = Frequently	C = Constantly
<input type="checkbox"/> Per Shift ____ hrs per day; <input checked="" type="checkbox"/> Per One Work Week	Never Occurs	Less than 1 hour per week	1/3 or more of the time	From 1/3 to 2/3 of the time	2/3 or more of the time
Mechanical Hazards		X			
Chemical Hazards		X			
Electrical Hazards	X				
Fire Hazards	X				
Explosives	X				
Communicable Diseases		X			
Physical Danger or Abuse		X			
Other: Specify – Exposure to customers who are irate, distraught, and/or any other related challenging behavior encountered that may impact the transaction. Customers may interact with the Representative telephonically or in person at the service counter. Customer may expose the Representative to displays of shouting, profanity, name-calling, crying or any other type of emotional or responding outburst or behavior.			X		
Primary Work Location:					
<input checked="" type="checkbox"/> Office Environment		<input type="checkbox"/> Warehouse			
<input type="checkbox"/> Shop		<input type="checkbox"/> Vehicle			
<input type="checkbox"/> Outdoors		<input type="checkbox"/> Recreation Centers/Neighborhood Centers			
<input type="checkbox"/> Other: Specify -					
Protective Equipment Required:					
None					
Job Demands:					
Overall Strength Demands					
<input type="checkbox"/> Sedentary	Exerting up to 10 pounds occasionally or negligible weights frequently; sitting most of the time				
<input checked="" type="checkbox"/> Light	Exerting up to 20 pounds occasionally, 10 pounds frequently, or negligible amounts constantly AND/OR walking or standing to a significant degree				
<input type="checkbox"/> Medium	Exerting 20 – 50 pounds occasionally, 10 – 25 pounds frequently, or up to 10 pounds constantly				
<input type="checkbox"/> Heavy	Exerting 50 – 100 pounds occasionally, 25 – 50 pounds frequently, or from 10 up to 20 pounds constantly				

<input type="checkbox"/> Very Heavy	Exerting over 100 pounds occasionally, 50 – 100 pounds frequently, or from 20 up to 50 pounds constantly			
<input type="checkbox"/> Other				
Non - Physical Demands				
	Frequently	Occasionally	Rarely	Never
Time Pressures	X			
Emergency Situations		X		
Frequent Change of Tasks	X			
Irregular Schedule/Overtime			X	
Performing Multiple Tasks Simultaneously	X			
Working Closely with Others as Part of a Team	X			
Tedious or Exacting Work		X		
Noisy/Distracting Environment	X			
Other: Specify -				
Employee Sign-Off: I have read through the physical and have a good understanding of the requirements for my performance in this position and find it to be an accurate description of the physical/working demands of this position. I acknowledge it is incumbent upon me to seek clarification from my supervisor/manager for any questions I may have regarding the requirement/responsibilities/physical-working demands of my position. I also acknowledge that I can fulfill the essential functions of my position. Should I need to seek reasonable accommodation, I acknowledge I will contact my supervisor/manager or Human Resources to pursue options.				
Employee Signature:			Date:	
Employee Name Printed:				